

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 170

Local Registrar's No. 24

1. PLACE OF BIRTH

County Gila State Arizona

District or Township Hayden or Village Hayden

City Hayden No. 101 St. 101  
(If birth occurred in hospital or institution, give its NAME instead of street and number)

2. Full name of child Hollis L. Bollinger (If child is not yet named, give supplemental report, as required)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other No 5. Legitimate? Yes 6. Date of birth March 13/1929 Month 3 Day 13 Year 1929

FATHER  
name Hollis Henry Bollinger  
Residence (Usual place of abode) Hayden  
If non-resident, give place and state.

Color or race White 11. Age at last birthday 28 (Years)

Birthplace (city or place) Sharon Wis  
(State or country)

Occupation School Teacher  
Nature of industry

MOTHER  
Full maiden name Leah E. West  
15. Residence (Usual place of abode) Hayden  
If non-resident, give place and state.

16. Color or race White 17. Age at last birthday 28 (Years)

18. Birthplace (city or place) Mauchacha Wis  
(State or country)

19. Occupation House Wife  
Nature of industry

Number of children of this mother 6 (a) Born alive and now living 6 (b) Born alive but now dead 0 (c) Stillborn 0 21. Were precautions taken against infection in neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I certify that I attended the birth of this child, who was 6 months old, on the date above stated.

Signature Charles B. Smith (Physician or midwife)  
If there was no attending physician or midwife, then the father, householder, or other person, should make this return. A stillborn child is one that neither breathes nor shows evidence of life after birth.

Name added from supplemental report Hayden Ariz Address Hayden Ariz

Month, day, year May 15, 1929 Filed May 15, 1929 Registrar W. B. Dyer

629-313-363